



Facility Project Cost Estimate

INSTALLATION/PROGRAM OFFICE	DATE
PROJECT TITLE	SUBMISSION/REVISION
	PROJECT CODE
BASIS OF COST ESTIMATE	PROJECT ID

I. SUMMARY OF COST ESTIMATE

DESCRIPTION	AMOUNT a.	PERCENT b.
1. ENGINEERING ESTIMATE		
2. COST ADJUSTMENT <i>(Enter percentage of item 1a to right in col. 2b)</i>		
3. SUBTOTAL (1+2)		
4. CONTINGENCIES <i>(Enter percentage of item 3 to right in col. 4b)</i>		
5. SUPERVISION, INSPECTION AND ENGINEERING SERVICES <i>(Enter percentage of items 3a and 4a to right in col. 5b)</i>		
6. OTHER BURDEN COSTS		
7. TOTAL BUDGET ESTIMATE (3+4+5+6) SAY		
8. IDENTIFICATION OF COST ADJUSTMENT <i>(Item 2, above)</i> AND OTHER BURDEN COSTS <i>(Item 6, above)</i>		

II. PLANNING AND DESIGN

DESCRIPTION	STATUS				
	NEEDED a.	IN-WORK b.	COMPLETE c.	IN-HOUSE/ AE d.	COST e.
1. PRELIMINARY ENGINEERING REPORT					
2. SPECIAL STUDIES <i>(Specify)</i>					
3. FINAL DESIGN					
4. SUPERVISION AND ADMINISTRATION OF DESIGN SERVICES					
5. TOTAL PLANNING AND DESIGN COST					

III. RELATED COST DATA *(Not included in this Approved Facility Cost Estimate, but required to make the facility initially operable.)*

1. RELATED COSTS INVOLVED <input type="checkbox"/> a. YES <i>(Identify in items 2 through 10)</i> <input type="checkbox"/> b. NONE		2. PER <i>(Amount)</i>	3. DESIGN <i>(Amount)</i>	
OTHER RELATED EQUIPMENT	ITEM	AMOUNT	ITEM	AMOUNT
	4. TO BE PURCHASED		8. ACTIVATION	
	5. TRANSFER TO EXCESS		9. OTHER REAL ESTATE	
	6. EXISTING		10. OTHER <i>(Specify)</i>	
	7. FUTURE FUNDING			

INSTALLATION/PROGRAM OFFICE		PROJECT ID	PROJECT CODE		DATE	
IV. FACILITY PROJECT COST ESTIMATE						
DESCRIPTION	UNIT OF MEASURE (1)	QUANTITY (2)	UNIT COST		TOTAL COST	
			ENGNG (3)	BUDGET (4)	ENGNG (5)	BUDGET (6)
SOURCE OF COST DATA		TOTALS				

V. RELATED ITEMS/ACTIONS (Explain as appropriate. Use extra sheets, as necessary, for this block and above.)